

McLaren Print System Order

Order No: 8308
Order Date: 2015-01-20
User: Julie Kukla
Phone: 43827

Ship Location: McLaren Bay Region; Marketing Department
503 Mulholland
Bay City, Mi 48708

Forms
Quantity: 120
Paragon Dept No: 60785
Dept Name: Marketing & Public Relations
Company Number: 210

Order Total Price: 454.80

Item Number: RXB-17
Item Description: Larkin, Ingles, DeGayner, Singh, Bender, Chapman (2 Part; 50 scripts per pad)
Revision Date: 1/2015
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Misc Info: Minimum order is 4 pads per physician; maximum order is 20 pads per physician. Quantity must be ordered in increments of 4

4801 McLeod Drive East
Bay City, MI 49708
Phone (516) 761-4100
Fax (516) 761-4100

BAY VALLEY
GASTROENTEROLOGY

Wesley Larkin, DO, M.A., A.C.G.I.M.
Shawn Ingles, DO, M.A., A.C.G.I.M.
Ernie DeGayner, DO, M.A., A.C.G.I.M.
Margaret Singh, MD, M.A., A.C.G.I.M.
Jasmine Bender, MD, M.A., A.C.G.I.M.
Clayton Chapman, MD, M.A., A.C.G.I.M.

Name: _____ Date: ____/____/____
Address: _____
DOB: ____/____/____

Label
REF: _____ TIME: _____ MIN: _____

4801 McLeod Drive East
Bay City, MI 49708
Phone (516) 761-4100
Fax (516) 761-4100

BAY VALLEY
GASTROENTEROLOGY

Wesley Larkin, DO, M.A., A.C.G.I.M.
Shawn Ingles, DO, M.A., A.C.G.I.M.
Ernie DeGayner, DO, M.A., A.C.G.I.M.
Margaret Singh, MD, M.A., A.C.G.I.M.
Jasmine Bender, MD, M.A., A.C.G.I.M.
Clayton Chapman, MD, M.A., A.C.G.I.M.

Name: _____ Date: ____/____/____
Address: _____
DOB: ____/____/____

Label
REF: _____ TIME: _____ MIN: _____

4801 McLeod Drive East
Bay City, MI 49708
Phone (516) 761-4100
Fax (516) 761-4100

BAY VALLEY
GASTROENTEROLOGY

Wesley Larkin, DO, M.A., A.C.G.I.M.
Shawn Ingles, DO, M.A., A.C.G.I.M.
Ernie DeGayner, DO, M.A., A.C.G.I.M.
Margaret Singh, MD, M.A., A.C.G.I.M.
Jasmine Bender, MD, M.A., A.C.G.I.M.
Clayton Chapman, MD, M.A., A.C.G.I.M.

Name: _____ Date: ____/____/____
Address: _____
DOB: ____/____/____

Label
REF: _____ TIME: _____ MIN: _____

4801 McLeod Drive East
Bay City, MI 49708
Phone (516) 761-4100
Fax (516) 761-4100

BAY VALLEY
GASTROENTEROLOGY

Wesley Larkin, DO, M.A., A.C.G.I.M.
Shawn Ingles, DO, M.A., A.C.G.I.M.
Ernie DeGayner, DO, M.A., A.C.G.I.M.
Margaret Singh, MD, M.A., A.C.G.I.M.
Jasmine Bender, MD, M.A., A.C.G.I.M.
Clayton Chapman, MD, M.A., A.C.G.I.M.

Name: _____ Date: ____/____/____
Address: _____
DOB: ____/____/____

Label
REF: _____ TIME: _____ MIN: _____